County: Eau Claire AUGUSTA AREA NURSING HOME

215 BROWN STREET

AUGUSTA 54722 Phone: (715) 286-2266	3	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	56	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	56	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	52	Average Daily Census:	48
***************	******	·*************************************	************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	42. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	9.6	More Than 4 Years	21. 2
Day Services	Yes	Mental Illness (Org./Psy)	34. 6	65 - 74	5. 8		
Respite Care	Yes	Mental Illness (Other)	0. 0	75 - 84	30. 8		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	48. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	3.8	95 & 0ver	5. 8	Full-Time Equivalen	t
Congregate Meals	No	Cancer	5. 8	ĺ	Í	Nursing Staff per 100 Res	si dents
Home Delivered Meals	Yes	Fractures	1. 9	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	15. 4	65 & 0ver	90. 4		
Transportati on	No	Cerebrovascul ar	11.5	[']		RNs	10. 4
Referral Service	Yes	Di abetes	1. 9	Sex	% i	LPNs	2. 2
Other Services	No	Respi ratory	5.8		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	19. 2	Male	42.3	Aides, & Orderlies	29. 8
Mentally Ill	No			Femal e	57. 7		
Provide Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
************	k****	***********	*****	************	******	***********	*****

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther]	Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	0	0. 0	0	1	2. 7	87	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	1. 9
Skilled Care	3	100.0	263	32	86. 5	75	0	0.0	0	12	100.0	105	0	0.0	0	0	0.0	0	47	90. 4
Intermedi ate				4	10.8	63	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	7. 7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	3	100.0		37	100.0		0	0.0		12	100.0		0	0.0		0	0.0		52	100. 0

County: Eau Claire AUGUSTA AREA NURSING HOME

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditions	Services and	Activities as of 12	/31/01
Deaths During Reporting Period			or Restuents		, beivices, and		
beachs builing heporeting refrou		1		% Ne	eedi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	15. 5	Daily Living (ADL)	Independent		Two Staff	<i>J</i>	Residents
Private Home/With Home Health	5. 2	Bathi ng	5. 8		35. 4	28. 8	52
Other Nursing Homes	5. 2	Dressing	15. 4		69. 2	15. 4	52
Acute Care Hospitals	69. 0	Transferring	34. 6		14. 2	21. 2	52
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	28. 8		51. 9	19. 2	52
Rehabilitation Hospitals	1. 7	Eating	57. 7		36. 5	5. 8	52
Other Locations	3. 4	*********	******	******	*******	**********	******
Total Number of Admissions	58	Continence		% Sr	ecial Treatment	S	%
Percent Discharges To:	00	Indwelling Or Externa	l Catheter	9.6	Receiving Respi		13. 5
Private Home/No Home Health	34. 0	0cc/Freq. Incontinent		38. 5	Receiving Trach	eostomy Care	0. 0
Private Home/With Home Health	8. 0	0cc/Freq. Incontinent		17. 3	Receiving Sucti		0. 0
Other Nursing Homes	6. 0	decorreq. Theorethene	or bower	17.0	Receiving Oston		0. 0
Acute Care Hospitals	14. 0	Mobility			Receiving Tube		0. 0
Psych. Hosp MR/DD Facilities	0. 0	Physically Restrained		5. 8		nically Altered Diets	
Rehabilitation Hospitals	0. 0	Injuredity Reservined		0.0	neceiving meena	in early meeted brees	17.0
Other Locations	0. 0	Skin Care		Ot	her Resident Ch	aracteri sti cs	
Deaths	38. 0	With Pressure Sores			Have Advance Di		90. 4
Total Number of Discharges	00.0	With Rashes			edi cati ons	10001705	00. 1
(Including Deaths)	50	II CII MUSIICS			Receiving Psych	nactive Drugs	57. 7
(Therauring Deathis)	00	I			necer ing rayen	oucerve brugs	0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership: This Nonprofit Facility Peer Group		50	Si ze: - 99 Group	Ski	ensure: lled Group	All Facilities % Ratio				
	%	% Ratio		%	% Ratio		% Ratio		Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	85. 7	89. 4	0. 96	85. 1	1. 01	84. 3	1. 02	84. 6	1. 01		
Current Residents from In-County	76. 9	82. 7	0. 93	80. 0	0. 96	82. 7	0. 93	77. 0	1. 00		
Admissions from In-County, Still Residing	31. 0	25. 4	1. 22	20. 9	1. 48	21. 6	1. 44	20. 8	1. 49		
Admissions/Average Daily Census	120. 8	117. 0	1. 03	144. 6	0. 84	137. 9	0. 88	128. 9	0. 94		
Discharges/Average Daily Census	104. 2	116.8	0.89	144. 8	0. 72	139. 0	0. 75	130. 0	0.80		
Discharges To Private Residence/Average Daily Census	43.8	42. 1	1.04	60. 4	0. 72	55. 2	0. 79	52. 8	0. 83		
Residents Receiving Skilled Care	92. 3	93. 4	0. 99	90. 5	1. 02	91.8	1. 01	85 . 3	1. 08		
Residents Aged 65 and Older	90. 4	96. 2	0. 94	94. 7	0. 95	92. 5	0. 98	87. 5	1. 03		
Title 19 (Medicaid) Funded Residents	71. 2	57. 0	1. 25	58. 0	1. 23	64. 3	1. 11	68. 7	1.04		
Private Pay Funded Residents	23. 1	35. 6	0.65	32. 0	0. 72	25. 6	0. 90	22. 0	1. 05		
Developmentally Disabled Residents	0. 0	0.6	0.00	0. 9	0.00	1. 2	0.00	7. 6	0.00		
Mentally Ill Residents	34. 6	37. 4	0. 93	33. 8	1.02	37. 4	0. 93	33. 8	1. 02		
General Medical Service Residents	19. 2	21.4	0. 90	18. 3	1. 05	21. 2	0. 91	19. 4	0. 99		
Impaired ADL (Mean)	45. 4	51. 7	0. 88	48. 1	0. 94	49. 6	0. 91	49. 3	0. 92		
Psychological Problems	57. 7	52. 8	1.09	51.0	1. 13	54 . 1	1.07	51. 9	1. 11		
Nursing Care Required (Mean)	4. 8	6. 4	0. 75	6. 0	0. 80	6. 5	0. 74	7. 3	0. 66		